United Nations A/59/PV.100

General Assembly

Fifty-ninth session

Official Records

100th plenary meeting
Thursday, 2 June 2005, 5.30 p.m.
New York

President: Mr. Ping ..... (Gabon)

The meeting was called to order at 5.50 p.m.

Agenda item 43 (*continued*)

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

High-level Meeting of the General Assembly to review the progress achieved in realizing the commitments set out in the Declaration of Commitment on HIV/AIDS

The President (*spoke in French*): I would first like to thank the participants in today's five round tables for their commitment and for the constructive nature of the debates.

Participants in all the round tables recognized the serious nature of the AIDS epidemic and the exceptional threat it poses to world security and prosperity, and a number of common questions were emphasized. Those included the need to combat taboos and discrimination associated with the disease; the need to maintain and strengthen capacities; finding new sources of funding; and the need to increase participation on the part of civil society in every aspect of combating the disease, particularly by people living with HIV/AIDS. The debates raised certain basic questions and made recommendations regarding the subjects discussed at each round table. I should now like to summarize them.

From the debate at the round table on resources it appears that worldwide resources devoted to combating AIDS have increased significantly since the holding of the special session on HIV/AIDS in 2001. That has made it possible to hope that the quality and scope of HIV prevention and treatment services would grow. However, the resources invested in combating AIDS are still not commensurate with the problem. Moreover, efforts to improve services to combat HIV/AIDS are encountering difficulties associated with capacity-building in the health and other sectors, due in particular to the lack of qualified public health personnel.

I would like to emphasize two of the recommendations made at that round table that are of special interest vis-à-vis the discussions we have had today. The first entails appropriating sufficient resources and funds to combat AIDS. Apart from the need for Governments to increase their national budgets, it is also essential to ensure that international commitments and pledges are honoured in the future, either in the form of bilateral assistance or through such international funding mechanisms as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Joint United Nations Programme on HIV/AIDS (UNAIDS). Moreover, countries must further specify their human resources needs and develop innovative ways to provide essential services, particularly in the health sector.

The second recommendation entails ensuring the effective and timely use of available resources. That

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room C-154A. Corrections will be issued after the end of the session in a consolidated corrigendum.

05-37046 (E)

would be possible by implementing the "Three Ones" approach, which was agreed upon at Washington last year and which defines standards for international strategies on AIDS and harmonizing contributions, not only from governmental entities and bilateral and multilateral donors but also the essential contributions from civil society and the private sector.

The round table on children orphaned and made vulnerable by HIV/AIDS underscored that current efforts are insufficient to cope with that worsening problem. Access to education was deemed to be essential to reducing the long-term effects of HIV on young people. The primary role of the family in supporting children affected by HIV was also recognized.

With regard to recommendations, the round table first stated that efforts at the national level should be redoubled and that donor support should be intensified to protect children orphaned and made vulnerable by AIDS and to provide them the treatment, support and care they need. Secondly, the round table recommended stepping up programmes for children at greatest risk by, among other things, eliminating the cost of schooling and expanding nutritional programmes in schools. Thirdly, the round table recommended the forging of partnerships to expand parents' access to care, support services and treatment, including by increasing efforts to prevent mother-to-child transmission. Steps should also be taken to prevent new infections among parents and children and to enable families to receive treatment.

The round table on HIV/AIDS and human rights with an emphasis on gender stressed that human rights violations and inequality between men and women continue to be responsible for increases in the transmission of HIV/AIDS, for they undermine access to preventive services, treatment and support and make the epidemic a taboo, further undermining efforts to combat the scourge. The growing feminization of the epidemic makes it all the more necessary to establish initiatives and programmes specifically aimed at addressing the vulnerability of women and girls to the infection.

The main recommendations of that round table were: strengthening measures to combat discrimination against people living with AIDS or infected by the virus; promoting a framework to protect people living with HIV and vulnerable populations in order to enable them to have access to, among other things, prevention, treatment and support services; establishing special programmes for women and girls to reduce their vulnerability to HIV infection, in particular by strengthening initiatives to improve the social and economic conditions of women and girls; enhancing efforts to eradicate violence against women; and educating men and boys and increasing their awareness so that they can contribute to making women less vulnerable to the disease.

The round table on prevention of HIV reaffirmed that prevention continues to be the main pillar in combating AIDS, but that the coverage of prevention programmes was still low. Worldwide, less than one person in five has access to basic HIV prevention services. Reality has shown that partial measures are useless. Unfortunately, the hesitation of leaders and the social and cultural taboos associated with sex, sexuality and high-risk behaviours — compounded by the predominance of poverty, inequality between the sexes and non-respect for the universality of human rights — have fostered the epidemic and continue to undermine large-scale implementation of effective prevention measures.

The round table's main recommendations are: increasing activities for proven and effective prevention under the leadership of national authorities and with the cooperation of all stakeholders; targeting prevention efforts to maximize results, particularly in countries where the epidemic is concentrated in very vulnerable populations; emphasizing the links between sexual hygiene, reproductive health and prevention programmes; and ensuring that, at the same time that treatment services are increased, every opportunity is exploited to improve prevention.

The round table on treatment, care and support emphasized that we must urgently expand treatment programmes in order that they may benefit the largest possible number of people. However, considerable difficulties continue to hamper the attainment of that goal, for example, the lack of public health infrastructure and qualified health staff, the cost of medications and diagnostic tools and the persistence of mistrust and discrimination.

The main recommendations arising from that round table are as follows.

National screening policies should be reviewed so as to promote broader knowledge of serostatus and to

increase financial aid from donors for screening initiatives.

The costs of first- and second-line antiretroviral treatment — in particular, treatment for children, which is currently expensive and often unavailable – should continue to be reduced and the treatment made more accessible.

The opportunity provided by the increase in treatment programmes should be seized in order to integrate a number of services into a complete package of AIDS care and to strengthen monitoring mechanisms so as to ensure that women, girls and vulnerable populations have equal access.

The maximum number of community workers and paraprofessional personnel should be made available for the administration and supervision of antiretroviral treatment.

In conclusion, I wish once again to thank representatives for their participation and contribution. I wish them a safe return home and hope that many will return to New York to participate in the comprehensive review to be held in 2006.

I declare closed the High-level Meeting to review progress achieved in realizing the commitments set out in the Declaration of Commitment on HIV/AIDS.

I would like to remind members that, pursuant to resolution 58/313 of 1 July 2004, the summaries of the round-table discussions will be submitted to the High-level Meeting of the General Assembly of September 2005.

The General Assembly has thus concluded this stage of its consideration of agenda item 43.

The meeting rose at 6.05 p.m.